

Provisional Accreditation Report – Native Healing

Date of Review: **March 11, 2021**

Overall Chart Score: **93.4%**

REVIEW PROCESS:

Native Healing was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on March 11, 2021. This report contains the following:

- Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived the client case record scores.

This is their second review in the provisional process. This review will determine if Native Healing will receive a one-year accreditation certificate.

AREAS OF STRENGTHS:

Description: The following areas were identified as areas the agency demonstrated substantial competency to administrative rules.

1. According to 67:61:07:06. An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file.

All treatment plans were organized, completed on time, and with the necessary requirements.

2. According to 67:61:07:08. All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize

significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder as they relate to the client's substance use disorder.

All progress notes were completed and were very detailed. The progress notes and continued service criteria (67:61:07:07) were in the same document. All requirements for progress notes and continued service criteria were met.

AREAS OF RECOMENDATION:

Description: The following area was identified as an area that the agency is recommended to review and ensure that the area is corrected. The area identified met minimum standards which would not require a plan of correction at this time however if it continues to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to **67:61:07:05. The integrated assessment** an addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:
 - Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
 - Presenting problems or issues that indicate a need for services;
 - Identification of readiness for change for problem areas, including motivation and supports for making such changes;
 - Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;
 - Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;

- Family and relationship issues along with social needs;
- Educational history and needs;
- Legal issues;
- Living environment or housing;
- Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
- Past or current indications of trauma, domestic violence, or both if applicable;
- Vocational and financial history and needs;
- Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;
- Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;
- Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable;
- Clinician's signature, credentials, and date; and
- Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.

Eight out of the nine assessments reviewed did not address/document history of trauma, abuse, or domestic violence.

Three out of the nine assessments reviewed did not address/document safety needs and risks regarding physical acting out, health conditions, acute intoxication.

2. According to 67:62:08:14. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.

If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.

Eight out of 12 clients had discharged early or had no contact after the assessment. The agency needs to document reasonable attempts to re-engage the client into services.

PRIOR AREAS OF RECOMENDATION:

Description: Native Healing was last reviewed by the Department of Social Services, Office of Licensing and Accreditation in May 2020. The 2020 review identified five areas of recommendations. Native Healing resolved the five prior areas of recommendation.

The Office of Licensing and Accreditation recommends continuation of the accreditation process and will grant a one-year provisional certificate.